

RELEASE OF INFORMATION

SKAGWAY TRADITIONAL COUNCIL



I, the undersigned, being of legal age of eighteen (18) years of age or older, voluntarily give my consent to release the following information or records about myself and/or my minor child to the Skagway Traditional Enrollment Department.

- Enrollment information on myself (Name, DOB, Enrollment #, Blood Quantum)
- Enrollment information on my minor child (as a custodial parent or guardian)

Print Name of Minor Child

_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____
_____	DOB _____

By signing below, I certify that I am the individual to whom the information or records apply. I understand that by signing this consent form, it is an unconditional release of information to be used in manner so deemed appropriate by the Skagway Traditional Council Enrollment Department. I also agree to hold harmless the Skagway Traditional Council Enrollment Personnel and the Skagway Traditional Council for any claims or injury that may occur as a result of the release of this information.

Signature

Date

Printed Name

Relationship if not a parent or guardian of the above listed minors

THIS DOCUMENT IS INDEFINITE AND IS FOR ENROLLMENT, OR USE FOR APPLICATION OF FUNDING PURPOSES ONLY